# CAPITAL BUDGET REQUEST FY 2009

Capital Improvement Project Description (New Buildings, Additions or Major Renovations)

AGENCY: AGENCY PROJECT PRIORITY:				
PROJECT DESCRIPTION/LOCATION:				
CONTACT PERSON: TELEPHONE:				
PROJECT JUSTIFICATION:				
(A) Concisely describe what the project is.				
(B) What is the existing program and how will it be improved?				
(C) What will be the impact on your operating budget?				
(D) What are the consequences if this project is not funded?				
ESTIMATED BUDGET: Land \$ A/E fees Construction 5% Contingency F F & E Other	FUNDING: PBF General Account Agency Funds Federal Funds Other	\$		
Total \$	Total	\$		
Agency Head Signature:				
Date:				

## CAPITAL BUDGET REQUEST FY 2009 ALTERATION AND REPAIR PROJECTS

AGENCY:				
PROJECT DESCRIPTION/LOCATION		COST	PRIORITY	
Agency Head Signature:				
Date:				

## CAPITAL BUDGET REQUEST FY 2009 ASBESTOS ABATEMENT PROJECTS

AGENCY:				
PROJECT DESCRIPTION/LOCATION		COST	PRIORITY	
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Agency Head Signature:				
Date:				

#### CAPITAL BUDGET REQUEST FY 2009 BUILDING DEMOLITION PROJECTS

AGENCY:					
PROJECT DESCRIPTION/LOCATION		COST	PRIORITY		
Agency Head Signature:					
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## CAPITAL BUDGET REQUEST FY 2009 "ADA" PROJECTS

AGENCY:					
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PROJECT DESCRIPTION/LOCATION		COST	PRIORITY		
L					
Agency Head Signature:					
Date:					

#### CAPITAL BUDGET REQUEST FY 2009 UNDERGROUND STORAGE TANK PROJECTS

PROJECT DESCRIPTION/LOCATION		COST	PRIORITY	
Agency Head Signature:				
Date: _				

AGENCY:

#### CAPITAL BUDGET REQUEST SIX-YEAR PLAN FY 2009 THROUGH FY 2014 CAPITAL IMPROVEMENTS

PROJECT DESCRIPTION/LOCATION	FY 2009 \$	FY 2010 \$	FY 2011 \$	FY 2012 \$	FY 2013 \$	FY 2014 \$
TOTAL						
		Age	ency Head Sigr	nature:		
				Date:		

AGENCY: